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Holiday Greeting From The Secretary of the Navy  
During this holiday season, Sailors and Marines around the globe stand watch over our nation. For the second year in a row, you serve during a defining moment in our history - the war on global terrorism. Whether you sail off distant shores, stand the point on foreign soil, or serve at home, I know that every Marine, Sailor, and civilian in the Department of the Navy is ready to answer our nation's call.

We all have something in common during this season. At this time of year, mankind pauses in spiritual reflection and thoughts turn to peace, harmony, and joyous celebrations with family and friends. This Christmas the mere image of a Sailor or Marine in uniform will evoke special meaning to Americans at home and our friends around the world. By providence, your service is making a difference in the pursuit of peace and harmony that is the true spirit of the holidays. Americans are proud of you, and so am I for the gift you give us everyday.

It has been a privilege to serve with you in these historic times. During this season of hope, please accept my best wishes for a safe and joyous holiday season. Thank you for your service, and God bless each of you, your families and the United States of America!

- The Honorable Gordon R. England, Secretary of the Navy

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Navy Medicine Moves to Protect Against WNV-Infected  
Blood Products

By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON - Mosquito-killing cold weather has helped reduce the danger of contracting West Nile Virus (WNV), but to ensure a safe blood supply, the Navy Blood Program is voluntarily withdrawing some blood products collected from people living in areas where the virus is prevalent.

The Assistant Secretary of Defense for Health Affairs authorized the policy, which goes into effect immediately. It comes in the wake of 13 cases of WNV transmission through transfusions. None of the cases involved a service person or their family members.

"The fact that there were documented cases of transmission of WNV to humans through blood products made the decision necessary," said Cmdr. Michael Libby, Medical Service Corps, director of the Navy Blood Program at the Bureau of Medicine and Surgery.

The risk of infection from an individual unit of blood or plasma collected and frozen during the epidemic is very low. However, the Food and Drug Administration recommended the voluntary withdrawal of certain frozen products as a prudent response to the risk at this time.

Only blood products collected seven days before the first reported case and ending seven days after the last reported case of meningoencephalitis in a geographic area will be replaced; dates will vary by state.

Ultimately, the goal is to replace all frozen products that may pose a risk of WNV transmission. Until the inventory can be fully replaced, some products will be quarantined in inventory for emergency use only.

"Many of our overseas supplies are being restocked by the Armed Services Blood Program," said Libby. "Some facilities that weren't affected by WNV are helping replace blood products for those who were affected by WNV."

Total replacement of the Navy's affected products is expected to take about eight weeks.

The and Navy and Armed Services Blood Program banks join the American Red Cross, the American Association of Blood Banks and other blood centers in removing affected supplies.

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Fleet Hospital Support Unveils New Mobile Medical Facility  
By Yeoman Chief Petty Officer D. C. Nielsen, Lt. C. Gallagher, Civil Engineering Corps, and Cmdr. B. Liam, Medical Service Corps, Fleet Hospital Support Office Williamsburg

WILLIAMSBURG, Va. - The Fleet Hospital Support Office (FHSO) in Williamsburg dedicated its newest design of mobile medical facility that will help make Navy Medicine even more flexible in its response to terrorism.

The Expeditionary Surgical Unit Alpha (ESU-A) was

conceptualized in February 2002 in response to the terror attacks of Sept. 11, 2001.

The ESU facility utilizes organic assets from a 500-bed fleet hospital and consolidates them into a one operating room, ten ICU bed, non-shelter-based trauma surgical facility, including ancillary support such as laboratory, pharmacy, central sterile supply, and radiology. To make the ESU easy to move by aircraft, it's constructed around a new tent system, known as BASE-X, which is about 50 percent lighter than the tents now in use.

"The whole point of the unit is to make it possible for Navy Medicine to respond quicker, with more flexibility, to the needs of the Fleet and the Marines," said Cmdr. Benjamin Liam, Medical Service Corps, FSHO's executive officer.

The construction of ESU-A marks the first step in the evolution of a light, more flexible medical response facility. Each subsequent ESU will incorporate newer technology and lighter components. FSHO will build several additional ESUs within the next year and a half.

On hand for the dedication of this new concept in flexible response was the Bureau of Medicine and Surgery's Chief of Staff, Rear Adm. Diaz Jr., Medical Corps. Diaz praised the FSHO staff during the ceremony.

"FSHO definitely stands by its motto of 'dedicated to saving lives,'" he said.

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Bush Orders Smallpox Shots for Military, First Responders  
By Kathleen T. Rhem, American Forces Press Service

WASHINGTON - President Bush announced this week he has ordered smallpox vaccinations to begin for military personnel.

He also recommended medical personnel and first responders receive the vaccine, but on a voluntary basis. Administration officials stopped short of recommending widespread vaccinations of the American public.

"Men and women who could be on the frontlines of a biological attack must be protected," the president said during an afternoon press briefing in the Eisenhower Executive Office Building.

The president stressed his decision was not based on a specific threat, but on the renewed focus on security brought about by the Sept. 11, 2001, terrorist attacks and the subsequent anthrax attacks through the mail.

"To protect our citizens in the aftermath of Sept. 11, we are evaluating old threats in a new light," he said.

Smallpox is highly contagious viral disease. It is often fatal and nearly always disfiguring. There is no cure or treatment.

The eradication of smallpox as a naturally occurring disease is one of the greatest triumphs of the World Health Organization. Bush noted the risk of smallpox was so remote by 1972 the United States quit routine vaccinations.

The military continued vaccinating recruits until 1990.

A DoD release indicated the department will immunize personnel based on their occupational responsibilities, with emergency response teams and hospital and clinic workers receiving the vaccine first. Next will be those individuals with "critical mission capabilities."

The smallpox vaccine is licensed by the Food and Drug Administration and is from the same stocks used before routine vaccinations stopped in the 1970s. Though the vaccine is considered safe and effective, vaccination is not without risks. Medical officials warn that there is a slight possibility of severe reactions for some people.

Public health officials warn that pregnant women, individuals with weakened immune systems, and those with certain skin disorders shouldn't receive the smallpox vaccine.

Bush said he'd be vaccinated because he wouldn't order military personnel to take anything he wasn't willing to take himself. However, he added, his family and staff would not be getting the vaccines because public health and national security experts are not recommending them for the general public.

"These vaccinations are a precaution only and not a response to any information concerning imminent danger," Bush said. "Given the current level of the threat, and the inherent health risks of the vaccine, we have decided not to initiate a broader vaccination program for all Americans at this time."

The president noted that the cautionary vaccinations are a necessary step to guard against possible threats to the nation. "It is prudent to prepare for the possibility that terrorists who kill indiscriminately would use disease as a weapon," he said.

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Aviation Survival Training Center Keeps Marines Afloat  
By Cpl. C. Edmond Flurry, Marine Corps Aviation Station  
Cherry Point

CHERRY POINT, N.C. - Marine aviation survival training is a more streamlined operation since the opening of its new facility this fall.

"This centralizes all of our training," said Lt. Cmdr. J. P. Wilcox, Medical Service Corps, the department head for the Aviation Survival Training Center.

The facility not only features the deep dive pool and dunk tank, but an improved administrative center, classroom area and a large training pool.

"It's great. It makes it where we have more of a multimedia facility. We can do a lot more," said Wilcox. "This offers us a level of flexibility we didn't have before. Here, it's our place."

The center offers nearly every manner of testing for Marines and Sailors, from basic swim qualifications to flight qualifications for aircrew members and requalifications for flight crews.

"We've got a state-of-the-art classroom," said Hospital Corpsman 1st Class Robert P. K. Craig, leading petty officer at the ASTC. "Anything you can think of, we've got it in there."

Most ASTC instructors are Navy Medicine personnel, most of who have served as traditional hospital corpsman for the Fleet Marine Force.

"The point is to get your experience on the outside and bring it back here for training," said Hospital Corpsman 2nd Class Joseph L. Entrekin, a water survival instructor.

Through experience, the instructors have learned a variety of ways to express the importance of being prepared for a water incident.

"The students can have different maturity levels; they have different backgrounds," said Entrekin. The Sailor (instructors) must be prepared to train infantrymen one day and aviators the next. There are different ways to train them.

"We like training aviators and we like training grunts, too," he added. "We don't care who they are."

"Water is the ultimate equalizer," said Wilcox. "It doesn't matter if you are a lieutenant colonel or a lance corporal."

In addition to the water training, the center also provides survival training for other aviation needs.

The center also offers altitude training, ejection seat training and an abbreviated field survival test.

The greatest payoff for ASTC staff occurs from is a testimonial from Marines or Sailors who used their training in a real-world situation.

"We like it when someone comes back after a mishap to share their personal experience - and they chalk a lot of this training up to their being able to come back and share that experience," said Wilcox.

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Navy Medicine Forward Deployed ... to L.A.

By Doug Sayers, Naval Medical Center San Diego Public

SAN DIEGO - The helicopter touched down on the pad transporting a young male with a gunshot wound. The Navy trauma team was ready; waiting to jump into action once the patient was brought into the hospital. This is

what they'd trained for.

This wasn't Afghanistan or the Philippines - they were standing in the Los Angeles County University of Southern California's Emergency Room, on 30-day orders to the Navy Trauma Training Center in Los Angeles. The first rotation class began in September, with a formal inauguration Dec. 6, bringing members from either the Fleet Surgical Teams or the Forward Resuscitative Surgery System to LAC USC Medical Center for intensive classroom and hands on trauma training.

Navy surgeon Cmdr. Peter Rhee, Medical Corps, heads the ten-person multidisciplinary permanent staff at the Center.

"The benefit of the trauma training at LAC USC Medical Center cannot be overstated. A large metropolitan area such as Los Angeles County provides exposure to a high level of penetration wounds and injuries similar to what might be expected during Navy's global deployments," said Rhee. Navy surgeon, Capt. H. R. Bohman, Medical Corps, is one of the rotating trauma team members who is mid-way through the course.

"Every corpsman, nurse or physician is potentially deployable anywhere the Navy needs. The level of trauma training I've received so far allows me to better treat patients - whether I'm in Los Angeles, Afghanistan or during a humanitarian mission to Latin America," said Bohman.

Bohman, though a trainee at the Navy Trauma Training Center, is an experienced physician with multiple deployments behind him, many of those to remote or hostile areas. This holds true for others who are in the rotation with him. They arrive individually and are formed into a team to operate as a unit, learning the latest procedures in one of the nation's largest, busiest, most advanced civilian medical centers. The LAC USC Medical Center sees an average of 20 major penetrating and blunt trauma wounds and injuries every day. Often, these are gunshot or knife wounds that a major metropolitan area would expect to see. The number and type of injuries are rough approximations of what deployed forces might see in the field.

Rear Adm. James A. Johnson, Medical Corps, a Navy physician and surgeon, is the executive agent for the Navy Trauma Training Center and Commander of Naval Medical Center San Diego.

"This cooperative effort between the County of Los Angeles, the University of Southern California and the Navy, benefits all concerned. The training our healthcare providers gain saves lives around the world, and certainly in Los Angeles where they augment the medical center staff, caring for the citizens who come into the ER," said Johnson.

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## Mayport Clinic Topped With Holiday Spirit

By Lt. j.g. Adam Burch, Medical Service Corps, and Chief Journalist Bill Austin, Naval Healthcare Support Office Jacksonville, Fla.

MAYPORT, Fla. - Construction progress and hard work on the newly constructed Mayport clinic was recognized this week in a uniquely Scandinavian way. The building was "topped out" with a decorated Christmas tree and an American flag.

Topping out is a tradition that can be traced back to Scandinavians who would hoist an evergreen tree to the top of a newly completed structure to recognize the hard work of the people who built it. These Scandinavian immigrants brought this practice of "topping out" to America.

But the flag is a purely American addition.

"We are proud to be a part of this heritage. The evergreen tree symbolizes strength, life, and renewal. The American flag signifies that the structure has been built with pride and dignity," said Jimmy Berryhill, the site superintendent.

Scheduled to be completed Spring 2004, the Branch Medical Clinic Mayport Replacement Project will cost \$23 million and will be 102,000 square feet. It replaces an outdated 59,000 square foot facility built in 1971.

According to project officer Lt. j.g. Adam Burch, Medical Service Corps, the new facility will deliver a wide range of outpatient medical and dental services to Naval Station Mayport. It will also be architecturally unique.

"This project has an interesting architectural note in the Stonehenge like rotunda that connects the main building to the pharmacy," said Cmdr. Tom Balestrieri, Medical Service Corps, officer in charge of the clinic. "This rotunda will serve as the clinic's quarterdeck and will contain a virtual wall of honor on a large flat plasma screen monitor," he added. The screen will feature images of Medal of Honor recipients, Sailors of the Quarter and significant events.

The project is the result of years of planning and designs by the facilities department at HSO Jacksonville. Burch, along with Lt. Cmdr. Tim Barnes, the senior project officer, worked diligently ensuring each facet of the construction went smoothly. Before the job is completed, they will purchase, receive and install more than \$6 million of furniture, computers and medical equipment.

"The coup de grace of the project will be when we move a staff of 200 into the new building over the weekend and having the clinic in operation the next Monday morning when the first patient arrives," said Burch.

## New TRICARE Mail Order Pharmacy to Open

March 1, 2003

By Rudi Williams, American Forces Press Service

WASHINGTON - More than 400,000 military pharmacy mail order customers will be switched March 1, 2003, to a new TRICARE Mail Order Pharmacy program, according to Army Col. William D. Davies of the TRICARE Management Activity, Falls Church, Va.

Services will continue under the National Mail Order Pharmacy contract until Feb. 28, 2003, he noted. The next day, March 1, Express Scripts Inc. will provide services under the new TRICARE Mail Order Pharmacy program, Davies said.

Express Scripts Inc. of Maryland Heights, Mo., won the \$275 million, five-year contract in September to provide mail order pharmacy services for TRICARE beneficiaries.

The director of DoD pharmacy programs, Davies said beneficiaries who have refills remaining on prescriptions on March 1 will be transferred to Express Scripts so they can continue ordering medications on time, with a few exceptions.

"We can't transfer narcotics or other controlled substance prescriptions. Nor can we transfer compounded prescriptions - those that are physically prepared by the pharmacy," said Davies, a registered pharmacist with more than 23 years of active duty service.

Medication that requires refrigeration is shipped through priority mail or a courier service, such as FedEx, the pharmacist said. "That's one reason we don't send medications that require refrigeration to APO and FPO addresses overseas," he noted.

TRICARE beneficiaries living and working overseas can use the mail order pharmacy if they have an APO, FPO or a U.S. embassy address. But a provider licensed to practice in the United States must write the prescription.

In early January, current users should receive a post card announcing the new services. A mailing that will include a registration form, a description of benefits and a brochure covering the TRICARE program will follow that.

Those eligible to use the current mail order program or the retail benefit are eligible to use the new TRICARE mail order program. New customers have to register for the program. Information will be provided through the TRICARE service centers, military treatment facilities pharmacy as well as their marketing points of contact.

The usual delivery time for medication is five to seven days. The easiest way for patients to ensure they don't run out of their medication is to have the provider write for up to a 90-day supply with up to three refills. The beneficiary can request a refill



once 75 percent of the medication has been used.

"So about Day 70 into their medication, they can request a refill," Davies said. "That provides them a cushion."

He said all medication is screened for potential drug interactions or therapeutic overlaps that could produce an adverse drug reaction. He said patients' complete beneficiary profiles are entered into the Pharmacy Data Transition Service, which enhances patient safety by keeping their medication records current, on file and readily available.

The new contract saves taxpayers' dollars because it calls for purchasing drug products at federal prices. Best federal prices are at least 24 percent below average commercial wholesale prices Davies estimated.

The TRICARE Management Activity will manage the new contract. The current, national contract has been managed by the Defense Logistics Agency's Defense Supply Center in Philadelphia.

Patients can fill prescriptions three ways: by direct care at military treatment facilities, or the retail pharmacy network or the mail order program, Davies noted. The direct care system serves the bulk of the beneficiary population, he said. About 2.5 million beneficiaries use the retail pharmacy network because they don't have access to a military facility.

Most of the 400,000 beneficiaries who use the mail order program do so for chronic medication or maintenance medication needs, Davies said.

"We want beneficiaries who have long-term medication needs to consider using the mail order program. It provides up to a 90-day supply of most medications for a single co-pay, whereas they only receive a 30-day supply for a single co-pay in the retail network pharmacy system," he said.

Under the TRICARE Mail Order Pharmacy system, the co-pay for up to a 90-day supply for most medications is \$9 for branded products or \$3 for generics. Exceptions include controlled substances, and active duty members pay no co-pays.

For more information, including a complete section on the co-pay structure, visit the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil). Reservists can check the site for details of their benefits under the program.

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## Healthwatch: What You Should Know About Smallpox

By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON - New and emerging threats in the global war on terrorism recently prompted President Bush to direct the military services to be vaccinated against smallpox. While the United States hasn't seen a smallpox case in more than 50 years, the vaccine will help ensure the health of military members in the event

that the virus should be used as a weapon of mass destruction.

"The vaccinations will help to protect Sailors and Marines, especially those at greatest risk, against potential biological warfare threats," said Capt. Jeff Yund, Medical Corps, director of preventive medicine and occupational health at the Bureau of Medicine and Surgery.

According to the Centers for Disease Control (CDC), smallpox is an acute, contagious and sometimes fatal disease caused by the variola virus. Smallpox is a threat to health and operational readiness, but it can be prevented through vaccinations.

Symptoms of smallpox include high fever, head and body aches and sometimes vomiting. As the disease progresses, a rash develops and eventually small bumps form a crusty scabs that fall off after about three weeks.

Smallpox is spread predominantly through prolonged, direct face-to-face contact with infected individuals. It can also spread through direct contact with infected body fluids or contaminated objects.

The disease is rarely spread through indirect contact. Insects and animals are not known to spread smallpox.

Once you are exposed to smallpox, it usually takes between 7 and 17 days for symptoms to appear. In most cases, the person becomes contagious once a rash develops, although at times people become contagious with the onset of fever.

Smallpox vaccinations are produced from a virus called vaccinia, a "pox"-type virus related to smallpox. The vaccination helps the body build immunity to smallpox.

The smallpox vaccine is the best protection if you are exposed to the smallpox virus. Some mild reactions, including sore arm, fever and body aches are common. A very few of those vaccinated may experience more severe reactions.

While the vaccine is considered safe, some people should not be vaccinated. Pregnant and breastfeeding women, children under 12 months of age, people with some skin conditions, and those with compromised immune systems should not receive the smallpox vaccine.

Once the vaccine is administered, be sure to care for the vaccination site, as the virus is present on the skin and can be transferred by contact until the scab falls off.

"Covering the site and frequent hand washing are two of the most important precautions to take after receiving the vaccination," said Yund.

Healthcare providers Navy-wide are thoroughly trained to administer the smallpox vaccines and provide any necessary follow-up care.

If you have questions about the virus or the vaccine, talk to your healthcare provider or visit the Military Vaccines Web site at [www.vaccines.army.mil/smallpox.asp](http://www.vaccines.army.mil/smallpox.asp).

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EDITOR'S NOTE - Navy & Marine Corps Medical News will not publish the weeks of Dec. 22 and 29. Its next publishing date is Jan. 9, 2003.